

Name  
in  
Full

Samuel Jas Alexander

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

1906 Jan 22 4

Male Colored Farmington Md

Wm Ryan Alexander East Co

Emmie Nester N " "

Stephen Alexander Grandmother

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary

Bronchitis pneumonia

How long

Month Day

Immediate

Bronchitis

How long

Month Day

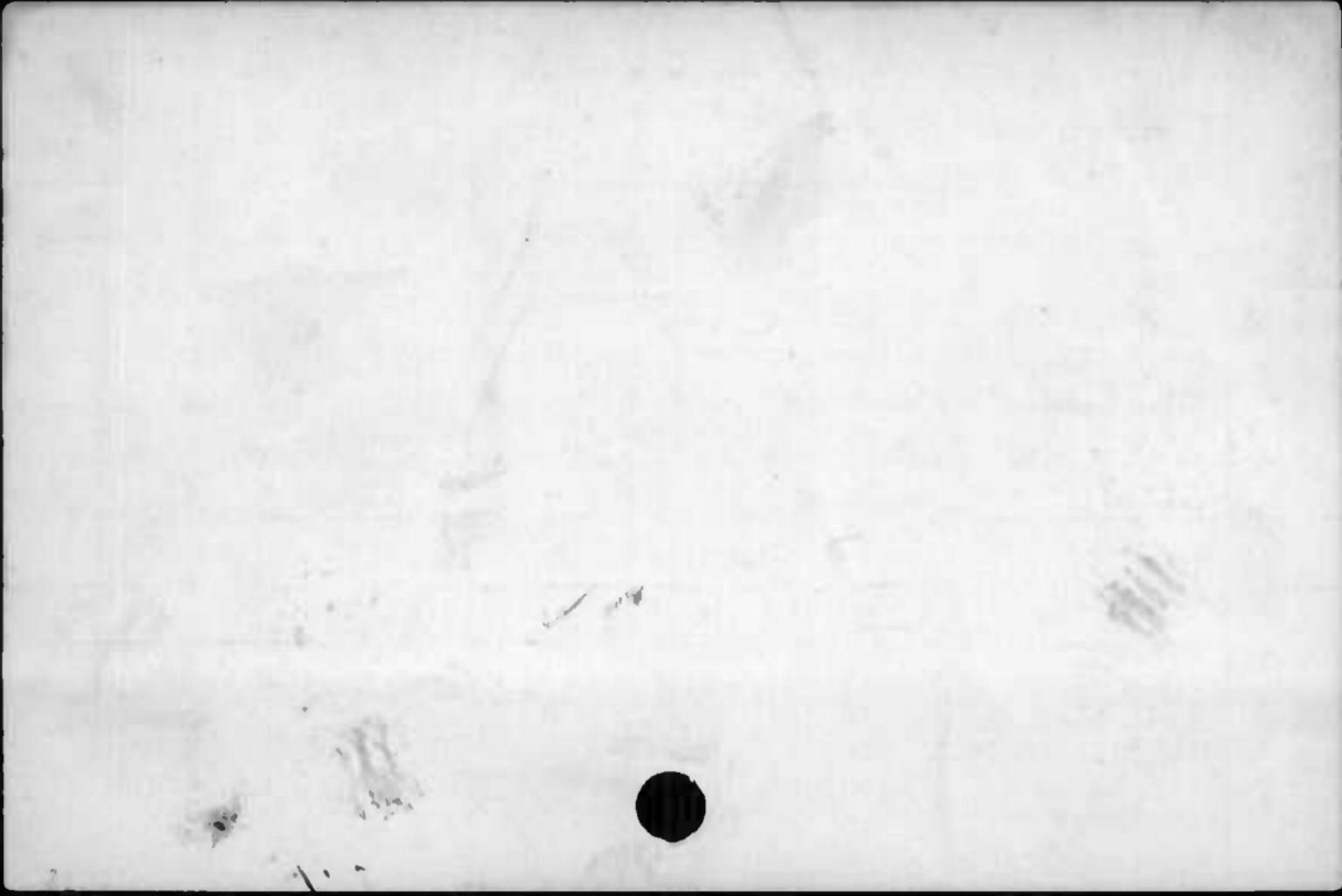
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Jan 26, 1906  
Reservoir Md.

Accident or Suicide?



Name  
in  
Full

Jane Barnes

CERTIFICATE OF DEATH

Town

Woodlawn

County

Cecil

MARYLAND

Died at

Month

Day

Years

Date  
of death 1906

Age

82

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Cecil Co

To BE ANSWERED BY

NEAREST FRIEND

Occupation

Housewife

Where Residing If not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

Thomas D'Onellin

Father's  
Birthplace

Cecil Co

Mother's  
Maiden Name

Sarah Little

Mother's  
Birthplace

" "

Name of person giving  
Information

Sarah Butter

How related  
to deceased

Niece

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old Age

154

How long

-

Immediate

-

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J F Brown -  
Port Deposit

Accident or Suicide?



Name  
in  
Full

John Clayton Bedwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month January	Day 7	Years one	Months seven	Days
Sex	Male	Color or Race	white			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	James St. Bedwell			Father's Birthplace	Chesapeake City	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	W. E. Penn			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	(8)	How long	Six weeks
Immediate	Bronchitis		How long	Six days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. J. Conney M.D.
			Address	Chesapeake City and
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John Nelson Black				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1904	Month Jan	Day 27	Years 88	Months	Days	
Sex Male	Color or Race white	Occupation Farmer		Birth-place Charlestown, Md.		
Married, Single or Widowed Married	Name of Wife or Husband E. C. Erving					
Father's Name John S. Black	Father's Birthplace Charlestown, Md.					
Mother's Maiden Name Mary May Greek	Mother's Birthplace Cecil Co., Md.					
Name of person giving Information Walter S. Black	How related to deceased Son					

CAUSES OF DEATH

Primary

General Debility

(54)

How long

Immediate

At home

How long

Are the name, age, sex, color, date and place correctly given above?

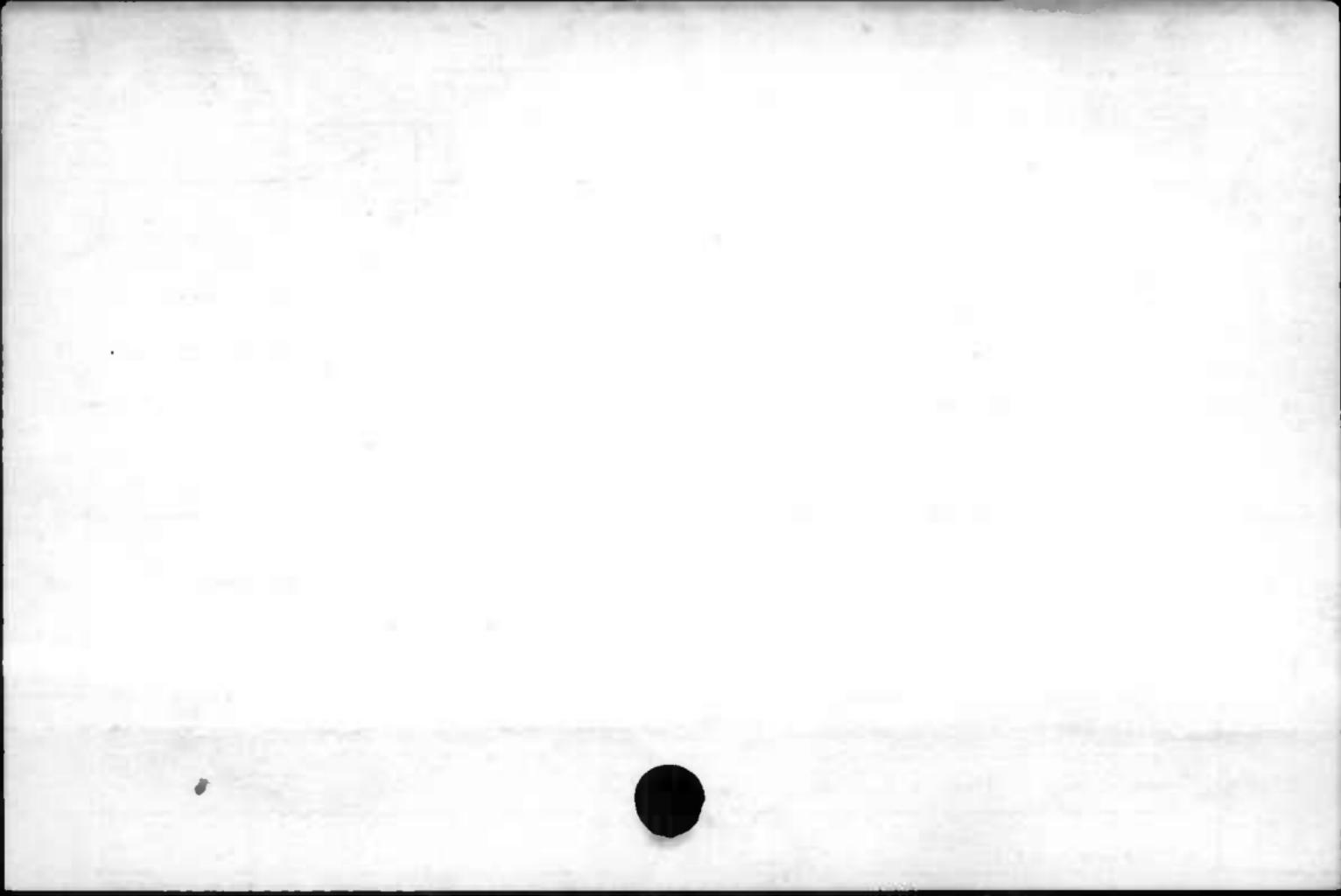
Signature of Physician

Address

O. J. Keeley  
Dr. N. E. —

Accident or Suicide?

HIGHWAY  
POLICE  
PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Bordley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	EASTON	BECIL	Months	Days
Date of death	Month	Day	Years	
1906	1	9	51	
Sex	Female	Color or Race	Age	
Occupation	Servant		Birth-place	bed
Married, Single or Widowed	Where Residing if not at place of death			
Father's Name	George Bordley		Father's Birthplace	ad
Mother's Maiden Name	Elliga		Mother's Birthplace	ad
Name of person giving information	Henry Bordley		How related to deceased	brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	93	How long	6 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Arthur Mitchell M.D.	
		Address	Elkton Md.	
Accident or Suicide?				



Name  
in  
Full

Clifford L. Brown,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Rising Sun,	Cecil				
Date of death 1906	Month Jan	Day 23	Years 18	Months	Days
Sex Male	Color or Race white		Birth-place Rising Sun,		
Occupation	Where Residing if not at place of death Rising Sun,				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	N C. Brown,			Father's Birthplace Sylvester Ad	
Mother's Maiden Name	Mary Stephens,			Mother's Birthplace Rising Sun,	
Name of person giving information	N C. Brown			How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever  
Exhaustion ①

How long

works

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Blair

Rising Sun

MD,

Accident or Suicide?

1888 - 1906

Name  
in  
Full

Arthur Bryde

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Woodlawn	Cecil			
Date of death	Month	Day	Years	Months	Days
1906	1	12	64	-	-
Sex	Male	Color or Race	White	Birthplace New Orleans La	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Addie Bryde		
Married			Addie Bryde		
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
Isabell Graham					
Addie Bryde					
Wife					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Anemia Pectoris (80)

How long

17 hour

Immediate

Pancreas.

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H E Clemmons  
York Superior Ad

Accident or Suicide?

1 2 3

4 5 6

Name  
in  
Full

Margaret F Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John B Campbell			Father's Birthplace	Cecil Co
Mother's Maiden Name	Sarah Mullin			Mother's Birthplace	" "
Name of person giving Information	Lydia Tackland			How related to deceased	Sister

CAUSES OF DEATH

Primary

Nephritis & heart disease

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. Wm. Flanigan  
Clynnelle  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Burgessum Cochran 3<sup>rd</sup> Dish

CERTIFICATE OF DEATH

Died at <u>Berry Hill asylum</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1908 Jan.</u>	Month <u>Jan.</u>	Day <u>26</u>	Years <u>78</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>Farm hand.</u>	Where Residing if not at place of death <u>Asylum</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Do not know</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>George Money</u>	How related to deceased <u>nr</u>				

CAUSES OF DEATH

Primary

Senile Dementia

How long

3 year

Immediate

old age

154

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas F. Miller,

Address

North East, Md.

Accident or Suicide?

381

Name  
in  
Full

Florence Duling

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town Elkton	County Breck	MARYLAND		
Date of death	Month 1906 6	Day 10	Years Age 31	Months	Days
Sex	Female	Color or Race White	Birth- place bed		
Occupation	Housewife	Where Residing if not at place of death F - Duling			
Married, Single or Widowed	Name of <del>Husband</del> Husband		Father's Birthplace bed		
Father's Name	Wm Klire		Mother's Birthplace bed		
Mother's Maiden Name	Hannah Jersey		How related to deceased Alma		
Name of person giving Information	Lavinia Kerry				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Child birth - Exposure (3) How long

Immediate  
Peritonitis How long 3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. Arthur Mitchell M.D.

Elkton, bed.

Accident or Suicide?



Name  
in  
Full

Ann Dustin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Female	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Elizabethe Trask	Mother's Name	Mother's Birthplace
Name of person giving information	Grace Street	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Horseshoeing of Brains

(60)

How long

2 years

Immediate

Aphonia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

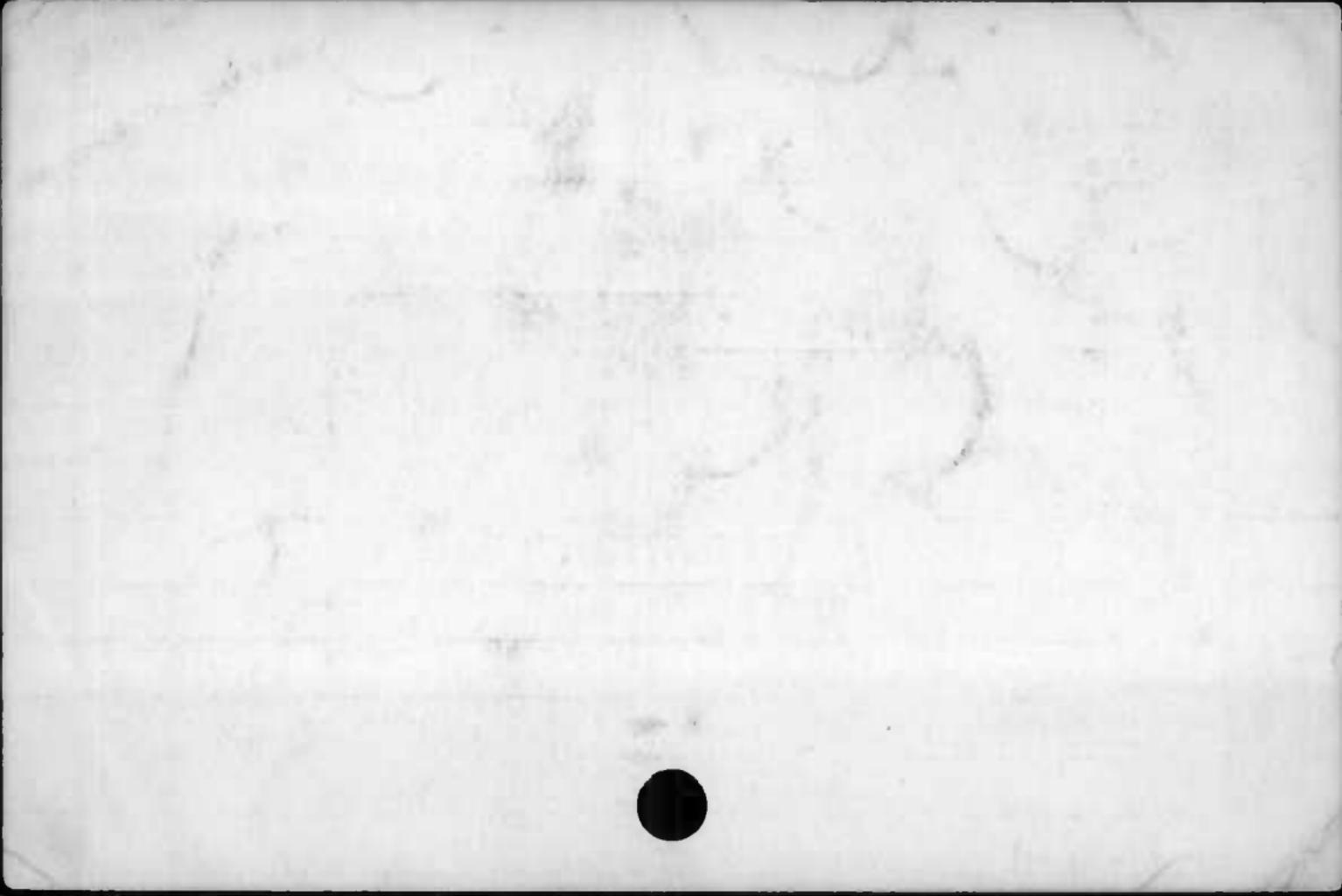
Yes

Signature of Physician

Address

McClennan  
Park Serfright  
Bush

Accident or Suicide



Name  
in  
Full

Wm H Eder

CERTIFICATE OF DEATH

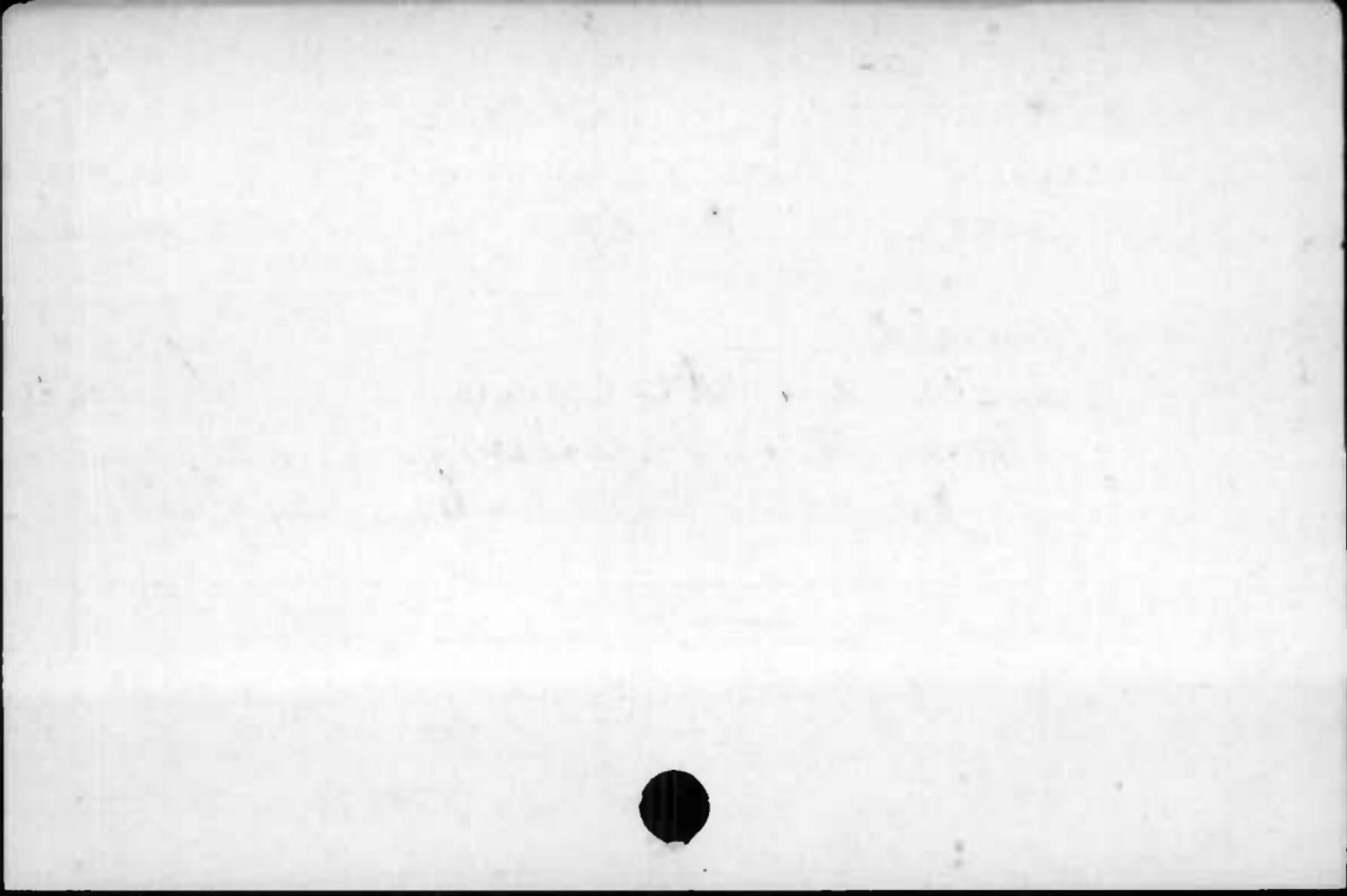
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Age	Years Months Days
1906	1	19	87 6 -
Sex	Color or Race	Birth-place	
Male	White	Penns	
Occupation	Where Residing If not at place of death		
Leatherer	Sarah Eder		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Married		Dad	
Father's Name	Mattias Eder		
Mother's Maiden Name	Sarah Hines		
Name of person giving information	H. Hinsinger		
	How related to deceased		
	none		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	154	How long
Immediate	Ephrastion		2 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yes		Address	Simeon L. Brown
Accident or Suicide?		J. W. Cooper Jr. Ederon, Md.	



Name  
in  
Full

Sarah C. Faulkner,

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth- place		
Occupation	Housekeeper		Elk neck		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James W. Alexander		Father's Birthplace	Elk neck	
Mother's Maiden Name	Ann M. Mc Kinney		Mother's Birthplace	Elk neck	
Name of person giving Information	Janice Alexander		How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Convulsions

(22)

How long

Immediate

Convulsions

(22)

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

D. Faulkner

Father

Accident or Suicide?

Black Hand chick

Name  
in  
Full

Thomas George

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Election	Camp		
Date of death	Month	Day	Years Months Days
1904	1	13	68
Sex	Color or Race	Birth-place	
Male	White	Kid	
Occupation	Where Residing if not at place of death		
Carpenter			
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband		
Joseph George			Kid
Mother's Maiden Name	Jacob Bickell	Father's Birthplace	Kid
Name of person giving information	Katharine Miller	Mother's Birthplace	Sister
How related to deceased			

CAUSES OF DEATH

Primary

Cancer of stomach

(40)

How long

Immediate

Hemorrhage

(40)

How long

Are the name, age, sex, color, date and place correctly given above?

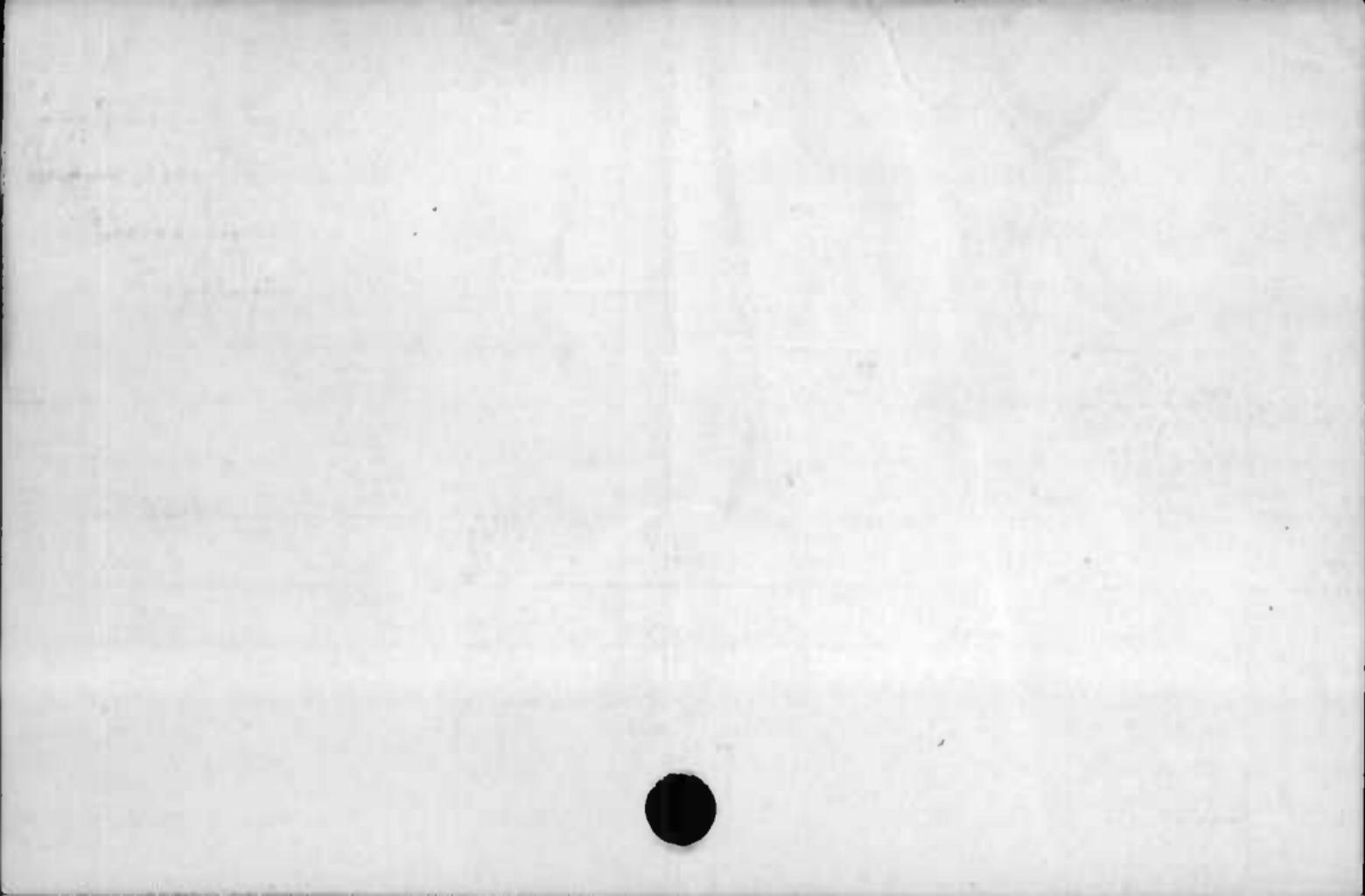
Signature of Physician

Address

Spud Cawley  
Election  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Mary Elizabeth Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	5-6	9	9
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name & Wt. of Husband	J. L. Summerfield Kidd			
Father's Name	John Baker				
Mother's Maiden Name	Lebitia Johnson				
Name of person giving Information	Berta Kidd Terry				
How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Desquamative Nephritis		How long	One year
Immediate	Uraemic Coma		How long	6 days -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John H. Stevens	
		Address	Pocatello, Idaho	
Accident or Suicide?	✓			



Name  
in  
Full

Eloie May Thrauss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clarence Thrauss	(150)	Father's Birthplace	Coloar	
Mother's Maiden Name	Sadie Moore	Rising sun			
Name of person giving information	Clarence Thrauss	fauthor			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congenital Cardiac disease	How long	17 day's
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ernest Howland
		Address	Liberty Grove Md
Accident or Suicide? <input checked="" type="checkbox"/>			

198



Name  
in  
Full

Rachel Mc Dowell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Jan	Day 30	Years 85	Months	Days
Sex Female	Color or Race White	Birth-place Cecil Co.			
Married, Single or Widowed Widowed	Occupation				
Name of Wife or Husband William McDowell	Father's Name John Heath	Father's Birthplace Cecil Co.			
Mother's Maiden Name Moore	Mother's Birthplace Cecil Co.				
Name of person giving information William McDowell	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	(154)	How long
Immediate			How long

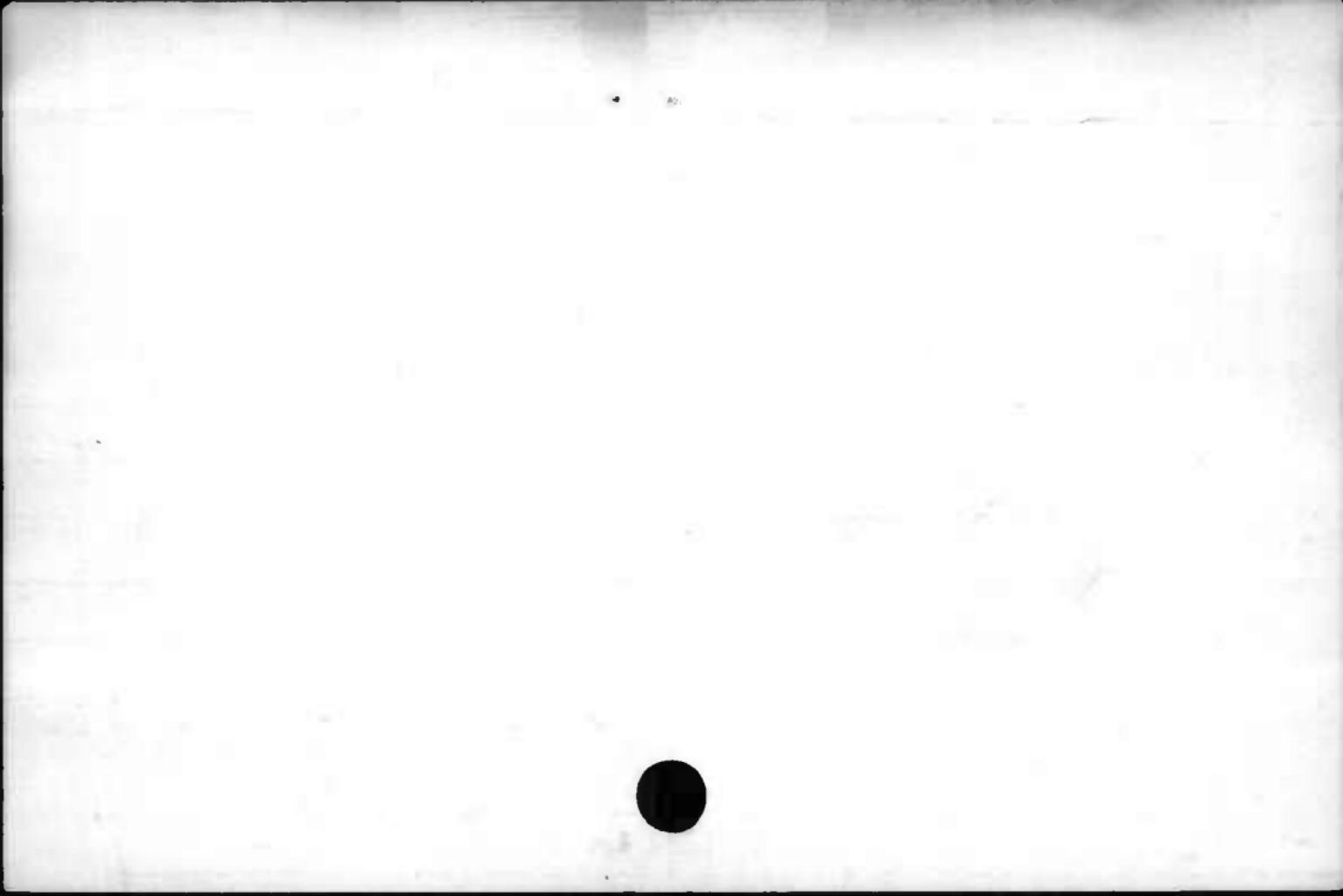
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ges. M. Stump M.D.  
(initials)

Accident or Suicide?



Name  
in  
Full

Melie L. McGuirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1906	Month Januavry	Day 13	Years 25	Months Days
Sex	female	Color or Race	white	Birth-place	North East
Occupation	housekeeping			Where Residing If not at place of death	
Married, Single or Widowed	married	Name of Wife or Husband	John McGuirk	Father's Birthplace	halid Co
Father's Name	Grizzil Lynch			Mother's Birthplace	princebo
Mother's Maiden Name	Anna R Beck			How related to deceased	sister
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastritis

(104)

How long

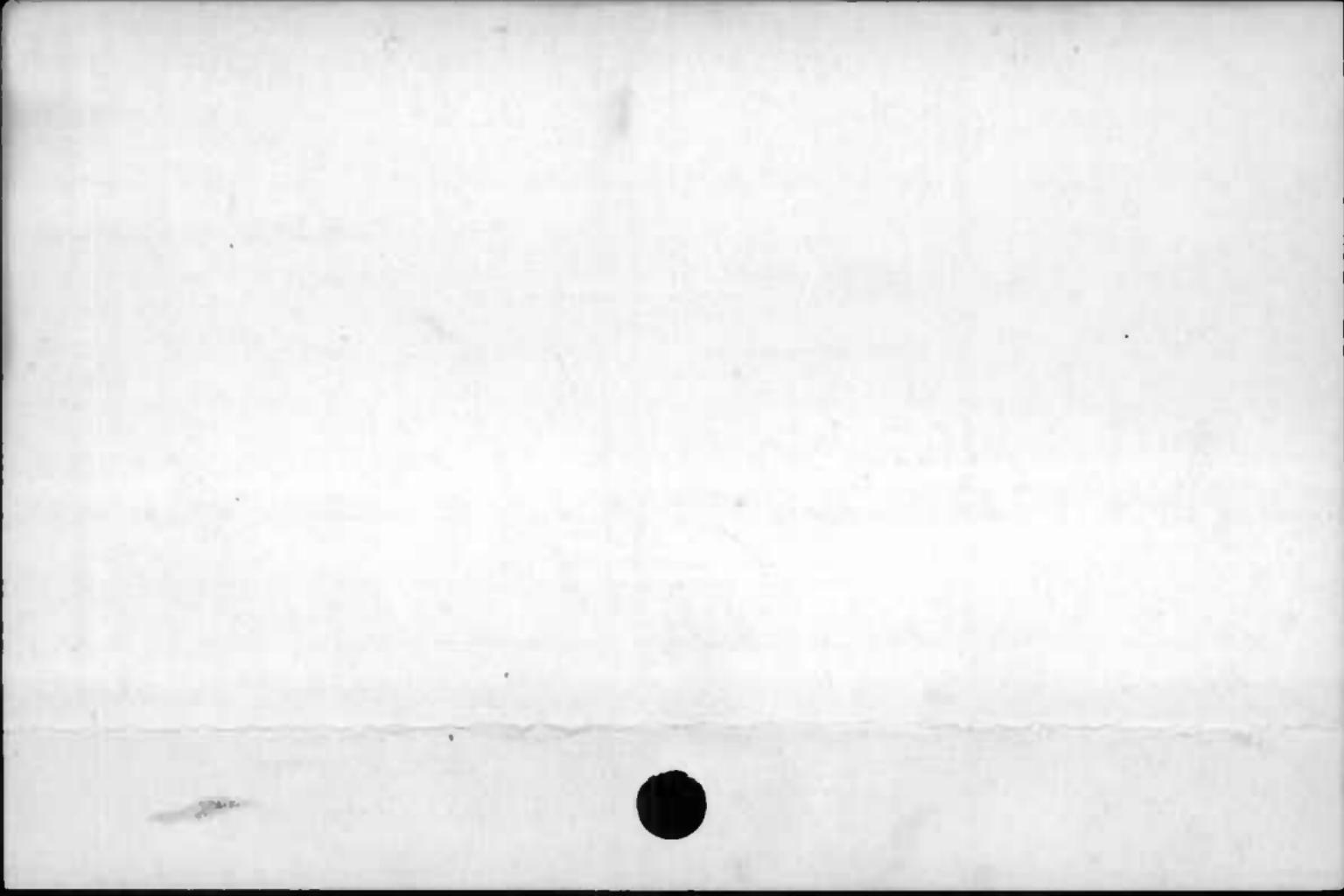
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Beulah A. Pierson 3 Disk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Cecil		County	MARYLAND	
Died at	Singerly	Month	Day	Years	Months Days
Date of death	1906	January	30	Age	83
Sex	Female	Color or Race	White	Birth-place	Barksdale
Occupation	House keeper		Whara Residing if not at place of death	Singerly.	
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Mathias Juson		Father's Birthplace	not known	
Mother's Maiden Name	Nancy Johnson		Mother's Birthplace	" "	
Name of person giving information	Henry Pierson		How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia + Influenza of age	How long	10 days
Immediate	Heart Failure	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Howard Bratton

Address

Accident or Suicide?



okl

Name  
in  
Full

Joseph Littleton Polk

CERTIFICATE OF DEATH

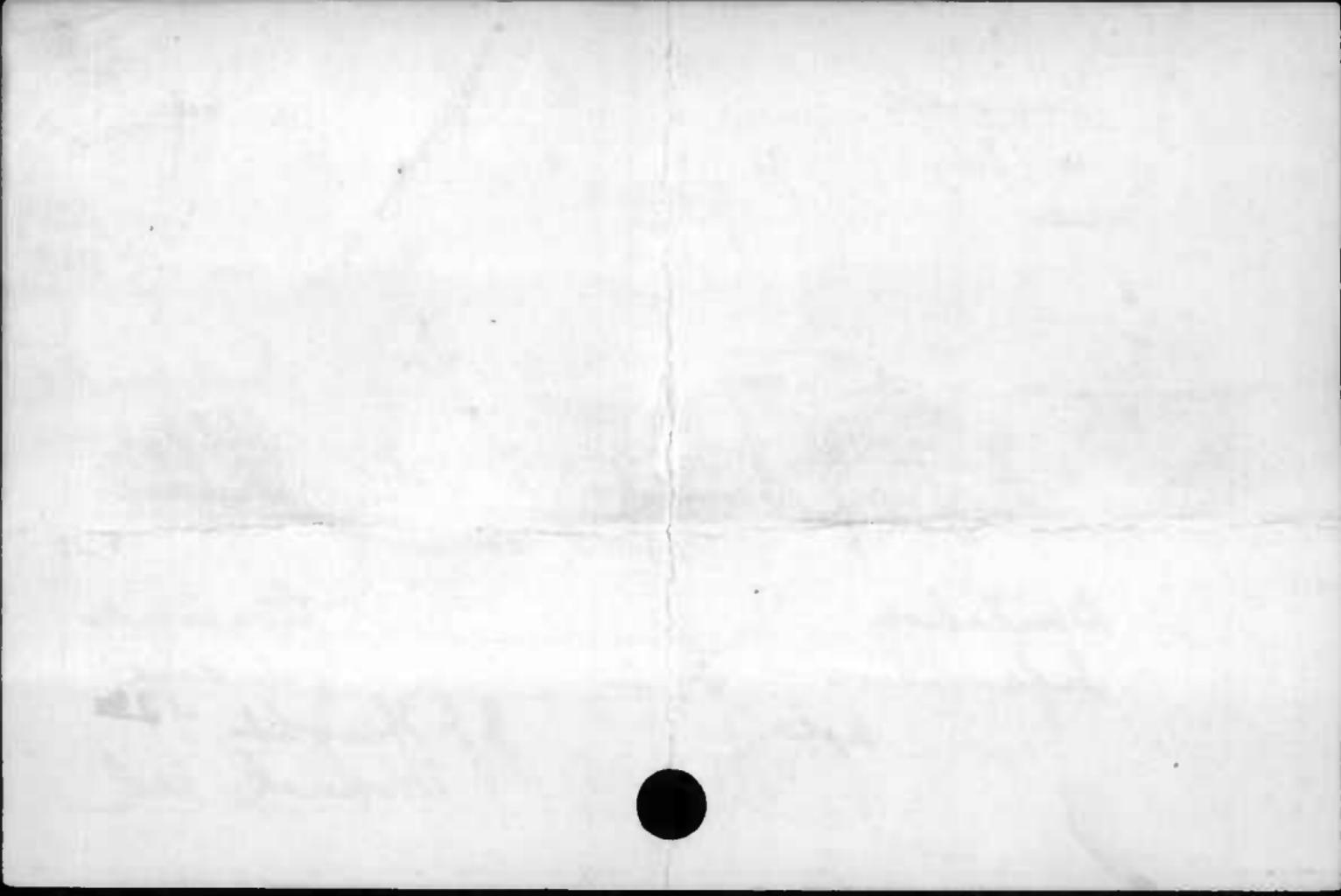
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Colora	Cecil				
Date of death	Month	Day	Years	Months	Days
1906	January	26th	Eleven	Six	Six
Sex	Male	Color or Race	white	Birth-place	Chancery, Pa.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Polk				
Mother's Maiden Name	Mary Amos				
Name of person giving information	Samuel Polk (118)				
Father's Birthplace	Pomona City, Md.				
Mother's Birthplace	Chancery, Pa.				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	fecal fistula resulting from Operation for appendicitis	How long	4/2 mos
Immediate	Exhaustion, the monthly	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W. Jones
		Address	Poison Sum MD
Accident or Suicide?	✓		



Name  
in  
Full

Alfred Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Warwick	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored African	Birth-place New Warwick		
Occupation				Where Residing if not at place of death	New Warwick Md	
Married, Single or Widowed				Name of Wm or Husband		
Father's Name	Jerry Sanderson			Father's Birthplace	Saxaford Md	
Mother's Maiden Name	Clara Price			Mother's Birthplace	Delaware	
Name of person giving information	Jerry Sanderson			How related to deceased	Father	

## CAUSES OF DEATH

Primary	Boutikox	60	How long	two weeks
Immediate	Inflammation of Brain		How long	4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

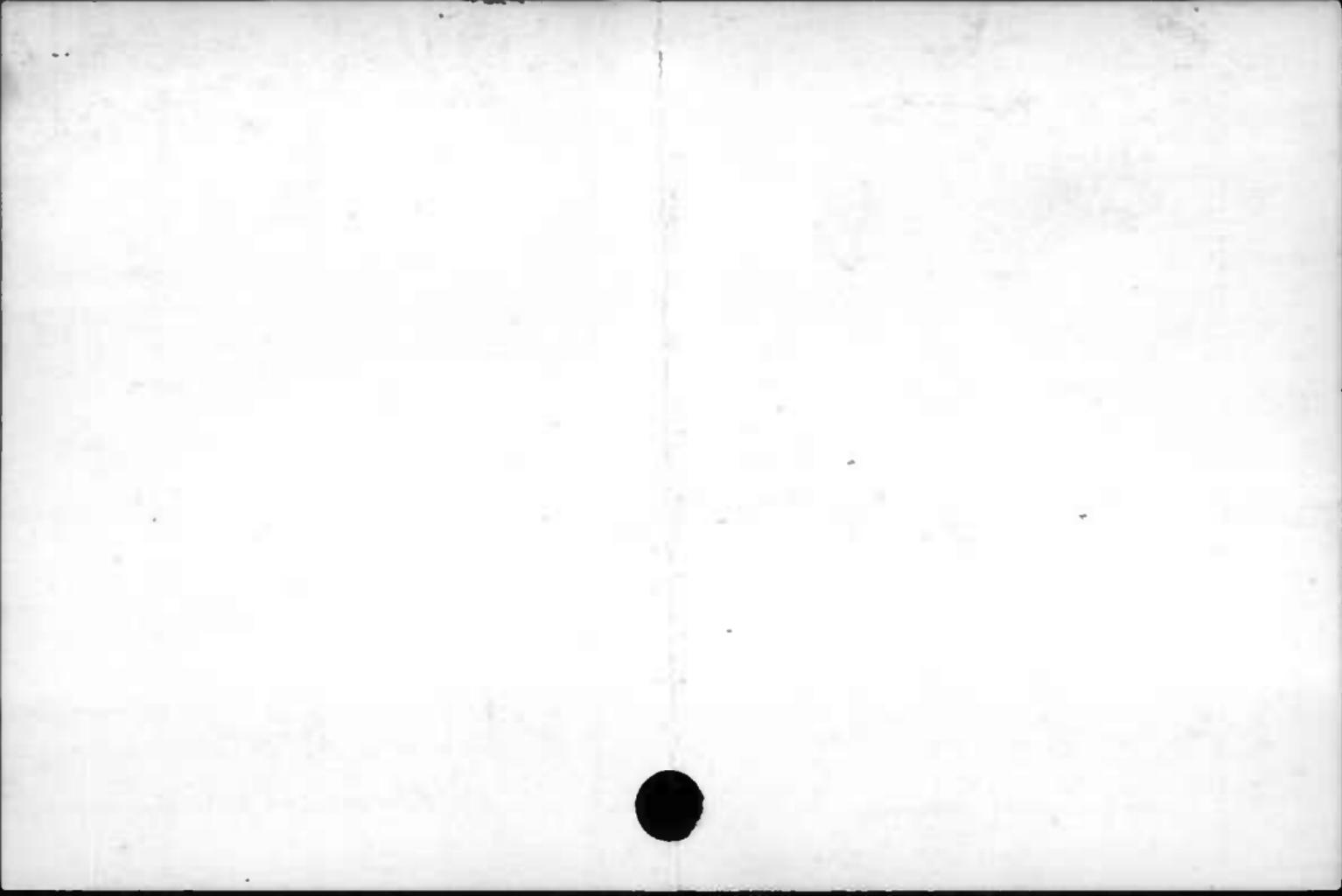
Signature of Physician

Address

J J Wright  
Warwick Md

Accident or Suicide?

No



Name  
in  
Full

Sarah E Reiley

CERTIFICATE OF DEATH

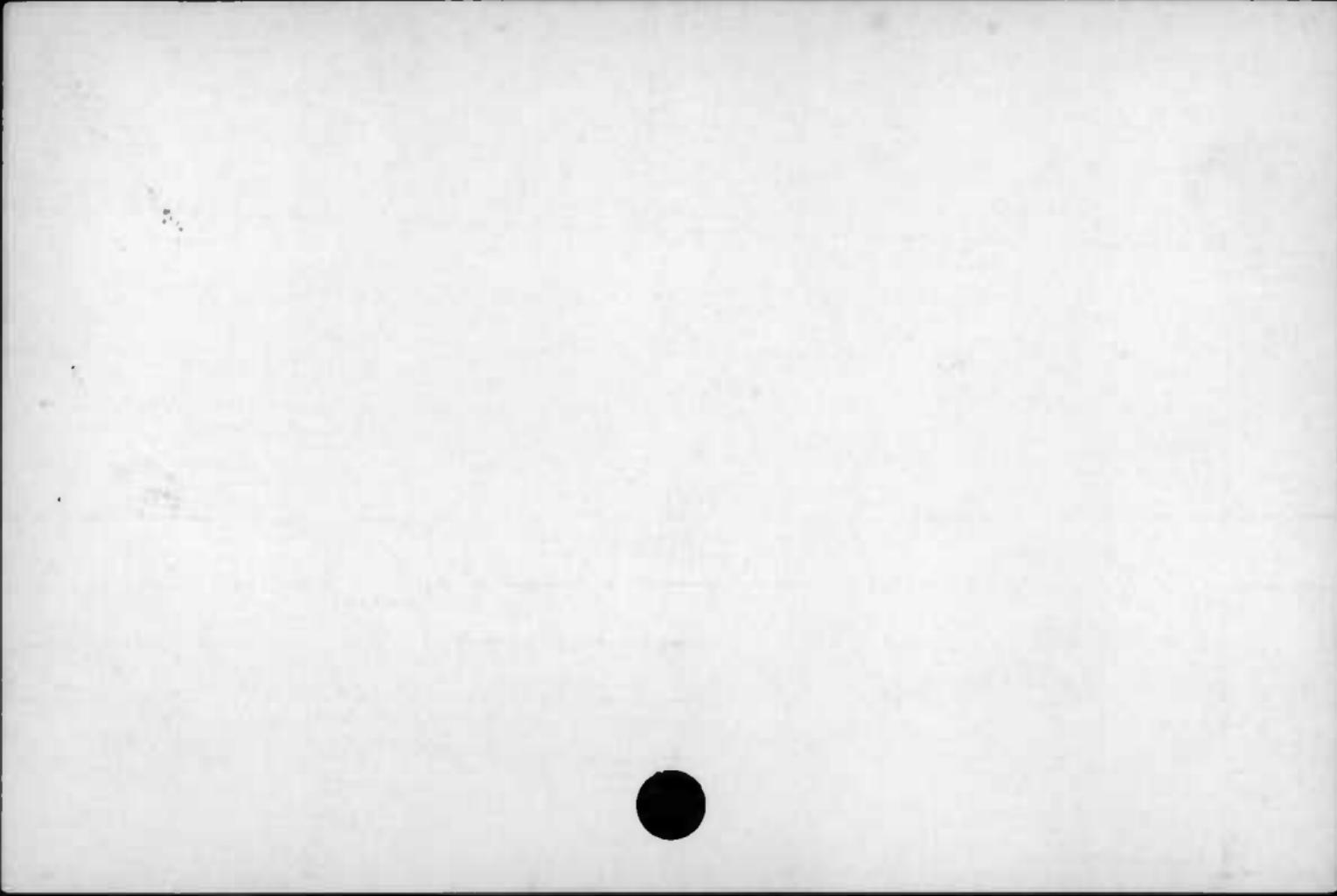
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Wm B Reiley			
Father's Name	Wm Rutter		Father's Birthplace			kd
Mother's Maiden Name	Sarah Heyland		Mother's Birthplace			
Name of person giving information	Wm H Reiley		How related to deceased			son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	93	How long	10 days -
Immediate	Heart Failure & Dystocia		How long	3 or 4 days -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Howard Brallow	
		Address	Ecklon Md	
Accident or Suicide?	No			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Marcel - Leppich  
Town \_\_\_\_\_ County \_\_\_\_\_

CERTIFICATE OF DEATH

MARYLAND

Died at M. E. Cecil - Cecil  
Date of death 1904 Jan 19 Years 03 Months 9 Days 0  
Sex Female Color or Race Native Birth-place Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

80

How long

Are the name, age, sex, color, date  
and place correctly given above?

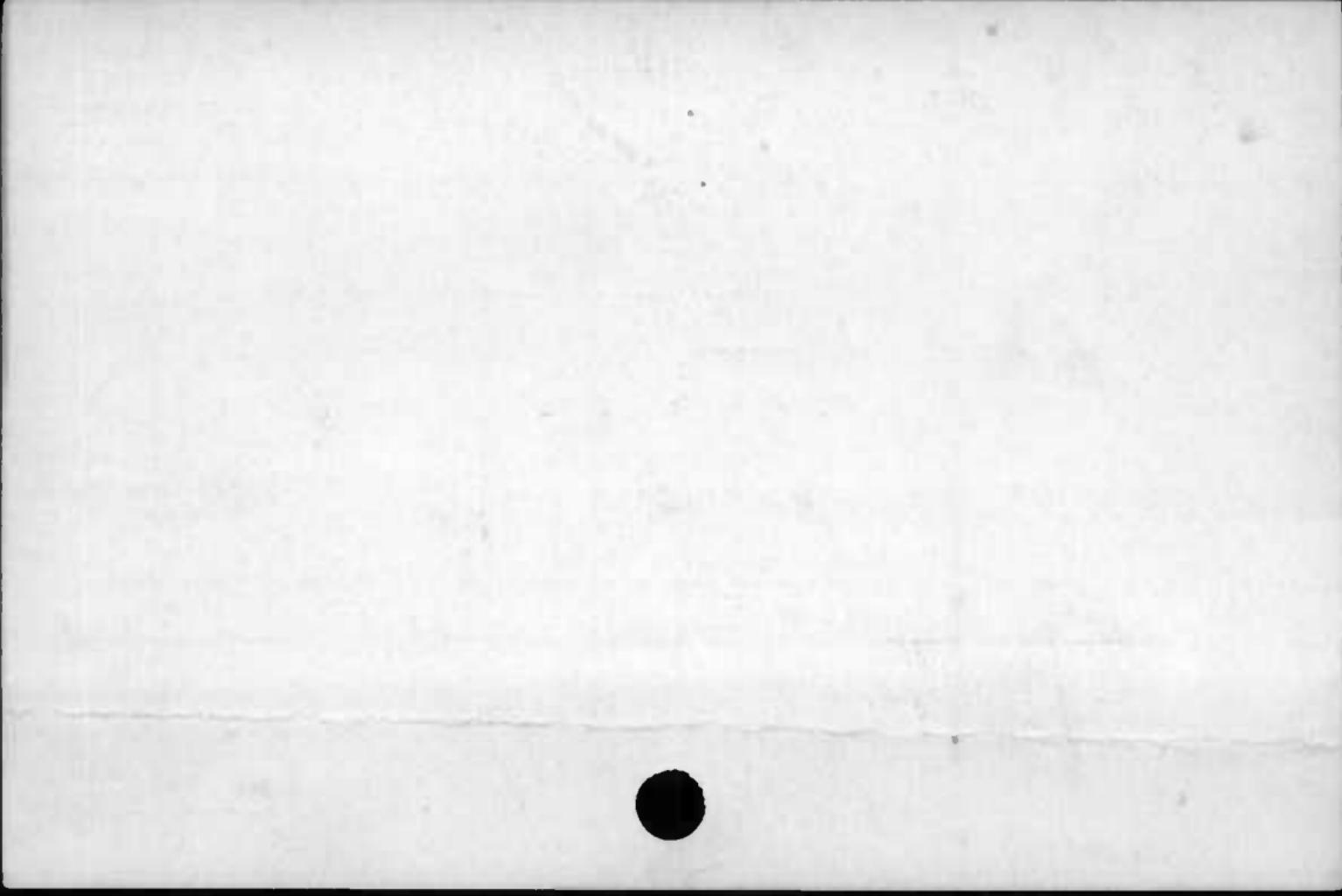
Yes

Signature of  
Physician

Address

Geo S. Pittenhouse  
North East, Md.

Accident or Suicide?



Name  
in  
Full

Mary Rebecca Russell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Russell			Father's Birthplace	
Mother's Maiden Name	Mollie E. Boulden			Mother's Birthplace	
Name of person giving Information	Mary Russell	(1)		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Convulsions

How long

Immediate

B

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. K. Maynard  
City Line

Accident or Suicide?

new boy

Name  
in  
Full

Harriet M. Scott

## CERTIFICATE OF DEATH

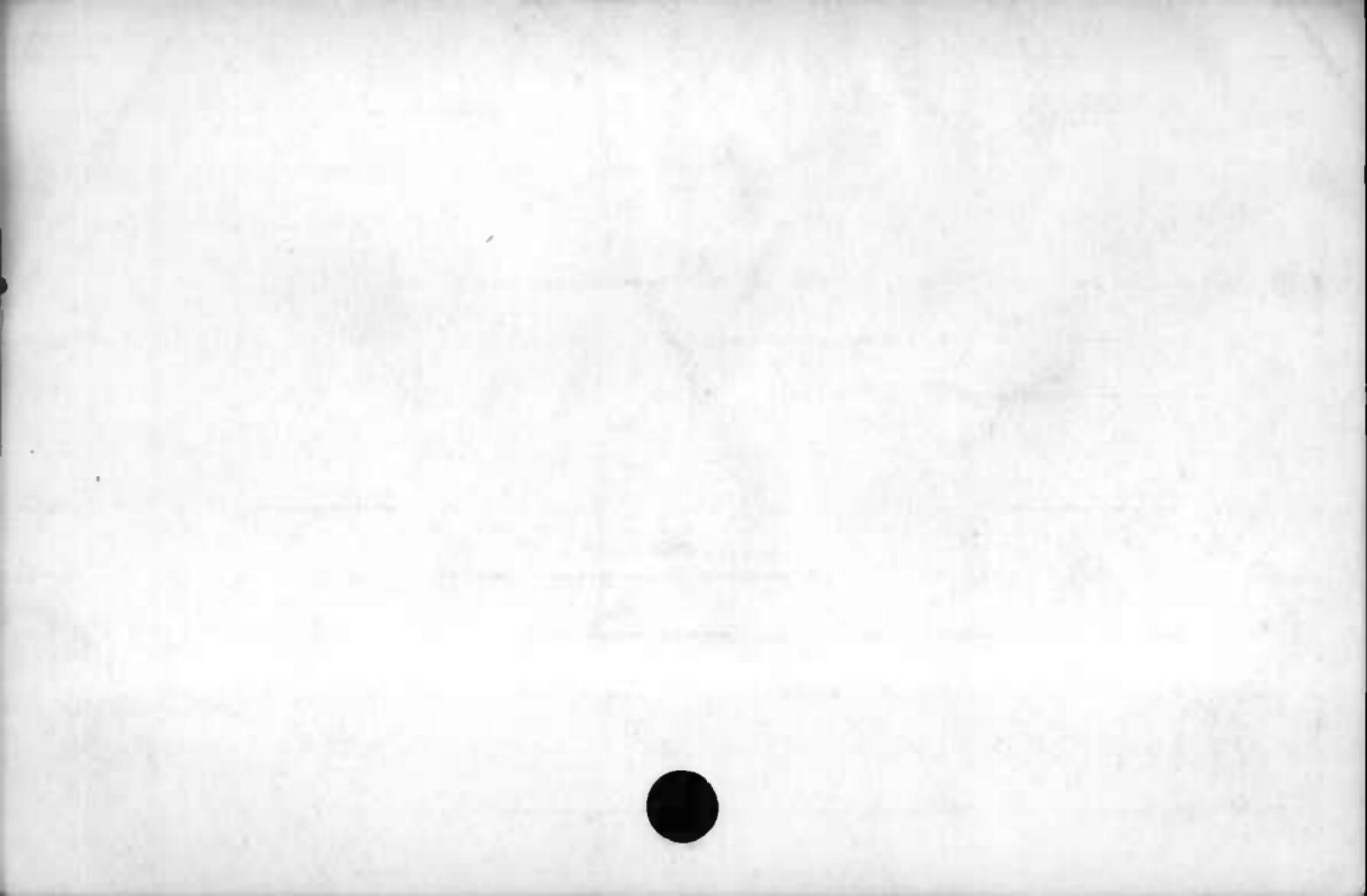
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County
Date of death	Month	Day
1906	Jan	26
Age	Years	Months 10
Sex	Color or Race	Birth-place
Mail	Balard	Past - Report
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Chyloph Scott	Father's Birthplace
Mother's Maiden Name	Bassett field	Mother's Birthplace
Name of person living in family	Harriet Scott	How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	(93)	How long
immediate	Exhaustion		2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	DR. Clemmons
		Address	10th Street
Accident or Suicide?			✓ said



Mary E Walker

Town

County

Near Elizabethtown Lenoir

MARYLAND

Died at

Month

Day

Y. M. D.

Native of

Occupation

Date 19

1

1

Age

68

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Eliz. Hyatt

Mother's

Maiden Name

Eliza J Davis

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

B. Herr



Address

B. Herr  
St. Andrews  
North Carolina



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

David L. Work 3rd dist

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Lucy Alexander		
Father's Name	David Work			
Mother's Maiden Name	Rachel Stidham			
Name of person giving information	Lucy Work			

CAUSES OF DEATH

Primary

Paralysis

(16)

How long

3 wks/6

Immediate

Syncope

(0.8)

How long

36 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

O. J. Parries M.D.,  
Cherry Hill,  
Md.

Accident or Suicide?

bE1

Name  
in  
Full

Alex Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cecilton	Cecil		
Date of death 1906	Month 1	Day 14	Years 56
Sex male	Color or Race Black	Birth-place Cecil County	Months ~
Occupation Farm Laborer	Where Residing if not at place of death Cecilton McD	Days ~	
Single	Married	Never married	
Father's Name Joseph Spencer	Father's Birthplace Cecil County		
Mother's Maiden Name Sophia Brown	Mother's Birthplace		
Name of person giving Information Lewis Coats	How related to deceased		

CAUSES OF DEATH

Primary	Cancer Tongue		How long	In Years
Immediate	u	u	How long	Eight Months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address	E. N. Crawford MD Cecilton MD
✓	Shakes			
Accident or Suicide?				

